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CONFIRMATION NO. 3878

SERIAL NUMBER 09/658,736	FILING OR 371(c) DATE 09/11/2000 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. ML-0414DIV
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APPLICANTS
James M. Zavislan, Pittsford, NY;

**** CONTINUING DATA *******
This application is a DIV of 08/942,431 10/01/1997 PAT 6,424,852 which claims benefit of 60/028,847 10/18/1996

**** FOREIGN APPLICATIONS *******
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
10/19/2000

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 11	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged [Signature] Examiner's Signature Initials

ADDRESS
24902

TITLE
and method
System for confocal imaging within dermal tissue

FILING FEE RECEIVED 999	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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